



## Office of the Registrar Student Information Correction Form

Please type your information. Once you have completed the form, print this document and sign the form. You may hand deliver or mail this form with a copy of your signed Social Security Card reflecting the name change. Your Social Security Card is the only documentation accepted.

Full Legal Name: \_\_\_\_\_

Campus ID #: \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Semester Last Enrolled: \_\_\_\_\_

Please change/correct my (check the appropriate box below):

☐ **Name**

From: \_\_\_\_\_

To: \_\_\_\_\_

☐ **Social Security Number**

From: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

To: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

You may hand deliver, mail, fax, or e-mail the completed form to the Office of the Registrar:

**Telephone:** (325) 942-2043  
**Fax:** (325) 942-2553  
**E-mail:** registrar@angelo.edu

**Physical Address:** Angelo State University  
Office of the Registrar  
Hardeman Building, RM 200

**Mailing Address:** Angelo State University  
Office of the Registrar  
ASU Station #10898  
San Angelo, TX 76909-0898